

L08000046035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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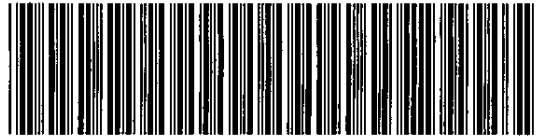
(Business Entity Name)

(Document Number)

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08 JUN -3 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL EDUCATION DEVELOPMENT, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY WOOD

(Name of Person)

MONTAGE OF NAPLES, LLC

(Firm/Company)

6017 PINE RIDGE RD #166

(Address)

NAPLES, FL 34119

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY WOOD

(Name of Person)

at (239) 293-2005

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
MEDICAL EDUCATION DEVELOPMENT, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

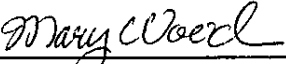
MD SURGICAL ASSOCIATES WAS LISTED AS A MGRM IN ERROR.

THE ONLY MGRM IS MONTAGE OF NAPLES, LLC.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: JUNE 1, 2008



Signature of a member or authorized representative of a member

MARY WOOD

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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08 JUN -3 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000046035
FILED 8:00 AM
May 07, 2008
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
MEDICAL EDUCATION DEVELOPMENT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6017 PINE RIDGE RD
166
NAPLES, FL. US 34119

The mailing address of the Limited Liability Company is:
P O BOX 7038
NAPLES, FL. US 34101

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MONTAGE OF NAPLES LLC
6017 PINE RIDGE RD
166
NAPLES, FL. 34119

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARY WOOD

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
MONTAGE OF NAPLES, LLC
P O BOX 7038
NAPLES, FL. 34101 US

Title: MGRM
MD SURGICAL ASSOCIATES
4405 NORTHSIDE PKWY NW #2122
ATLANTA, GA. 30327

L08000046035
FILED 8:00 AM
May 07, 2008
Sec. Of State
nculligan

Article VI

The effective date for this Limited Liability Company shall be:

05/01/2008

Signature of member or an authorized representative of a member

Signature: MARY WOOD

FILED
08 JUN -3 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA